



Drowning in information?

Covid-19 information seeking behaviour and socioeconomic status during the first lockdown in Austria

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In times of a pandemic, media coverage is critical ...



Primary source of **health information**



Connect health professionals, policymakers, and the public



Communicate **public health measures**

See also Mach et al. (2021), Pieri (2018), Laing (2012)

The collage illustrates various media channels providing information during the pandemic. It includes:

- OÖNachrichten:** A news website screenshot with a headline "Coronavirus ab Montag" and a "CORONA-LIVE" section.
- Instagram:** A post with the headline "Coronavirus-Lockdown: Österreich steht vor weiteren Verschärfungen" and a photo of people wearing masks.
- TikTok:** A screenshot of the TikTok app interface showing a video player and user avatars.
- DERSTANDARD:** A social media post with the headline "Die neuen Ausbreitung" and a photo of a news anchor.

... but with great power comes great responsibility

An **infodemic** is defined as:

- Too much information including false or misleading information
- Both digital and physical environments
- During a disease outbreak
- Causes confusion and risk-taking behaviours that can harm health
- Leads to mistrust in health authorities and undermines the public health response

World Health Organization (WHO) 2023

The composite image illustrates an infodemic through three components:

- oe24 News Snippet:** A man in a suit stands next to a car. The headline reads: "SKANDAL: KICKL EMPFIEHLT WURM-MITTEL BEI COVID".
- BBC News Article:** A screenshot of a BBC news article titled "Coronavirus: Outcry after Trump suggests injecting disinfectant as treatment", dated 24 April 2020.
- Google Search Trends:**
 - Ivermectin Google searches (Austria):** A line graph showing a significant spike in searches in early 2022, reaching nearly 100.
 - Bleach Google searches (U.S.):** A line graph showing multiple peaks, with the highest reaching 100 in early 2020 and another major peak in early 2022.

Socioeconomic/-demographic status and information sources are related to compliance with public health measures

Based on existing research ...

Age: Lin et al. (2021), Choi et al. (2022), Norman et al. (2020), Nivette et al. (2021), Recio-Vivas et al. (2022), Morales-Vives et al. (2022)

Gender: Lin et al. (2021), Galasso et al. (2020), Choi et al. (2022), Nivette et al. (2021), Recio-Vivas et al. (2022), Ganslmeier et al. (2022), Morales-Vives et al. (2022)

Family status: Uddin et al. (2021), Ganslmeier et al. (2022), Morales-Vives et al. (2022)

Migration status: Nivette et al. (2021)

Ethnicity: Choi et al. (2022)

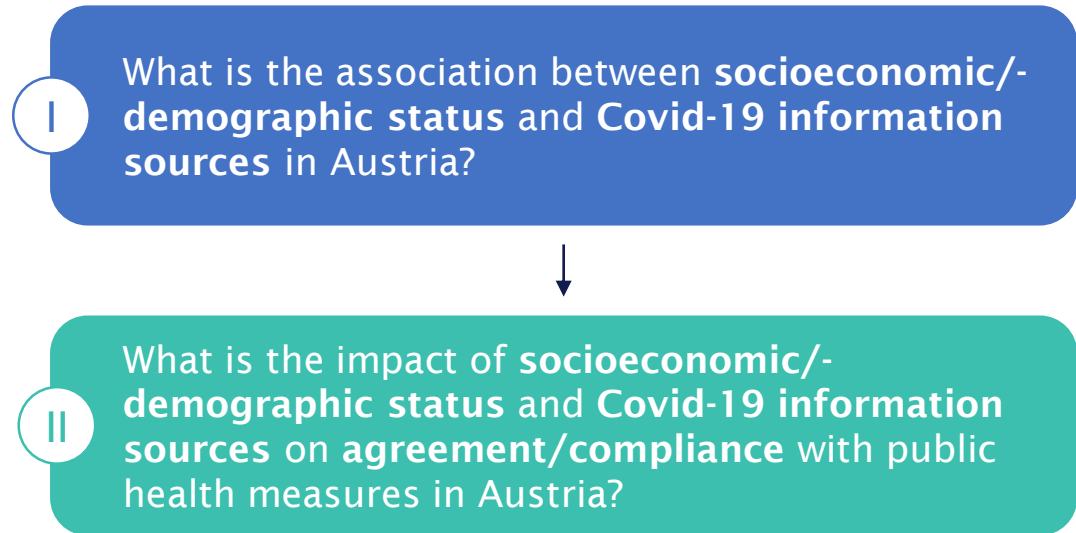
Employment: Uddin et al. (2021), Ganslmeier et al. (2022)

Education: Nivette et al. (2021)

Health literacy: Hermans et al. (2021), Rodon et al. (2022)

Information source: Kusama et al. (2022), Meppelink (2022), Morales-Vives et al. (2022)

... we aimed to answer two research questions



We analysed survey data referring to the first lockdown March 16th to April 15th, 2020



Data collection

- Online survey
- Convenience sampling
- Data collection May 27th to June 16, 2020
- N=559



Participation requirements

- German language skills
- >18 years
- Main residency in Austria
- Informed consent to participate



Statistical analysis

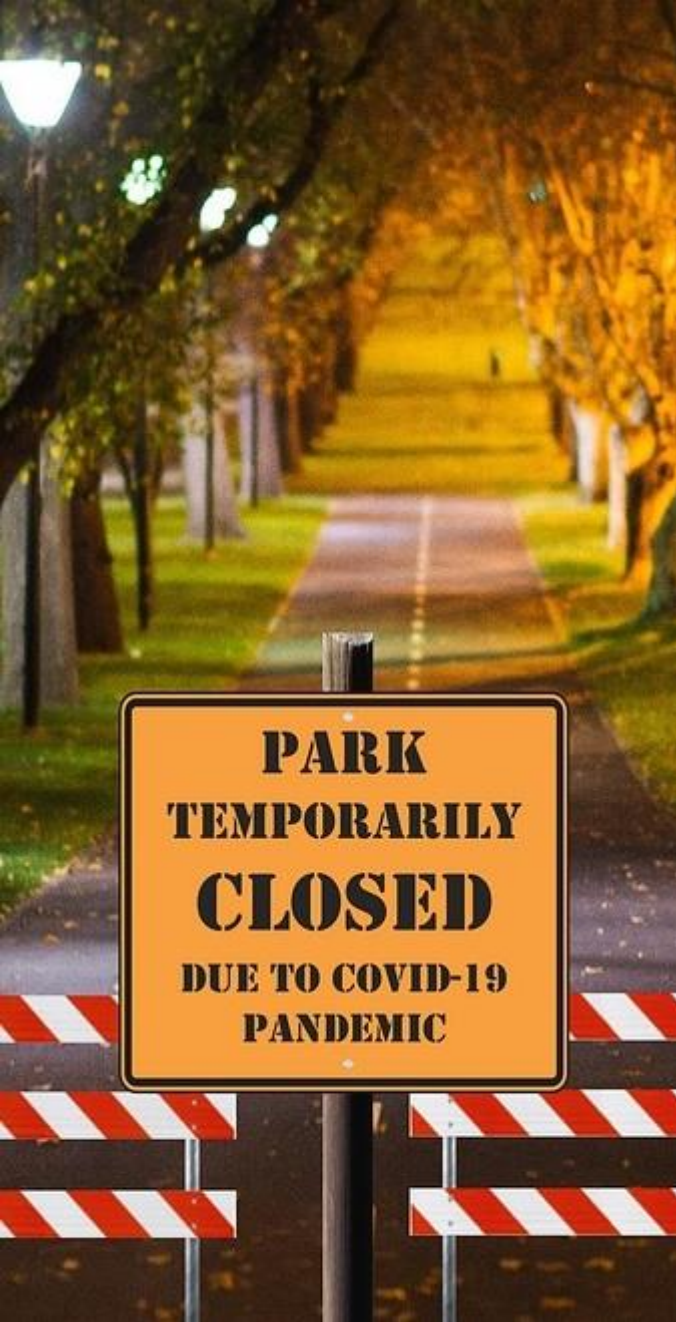
- Multinomial logistic regression models (research question I)
- Ordered logistic regression models (research question II)
- Control variable *Feeling well advised by the government* as a proxy for government trust introduced in both models

TV (~37%) and News websites (~27%) proved to be the most popular main Covid-19 information sources






	<i>Total</i>	<i>Percent</i>	<i>Female</i>	<i>Male</i>	<i>ISCED 2: Compulsory school</i>	<i>ISCED 3: Lehre, Fach-, oder Handels- schule</i>	<i>ISCED 3-5: Matura</i>	<i>ISCED 6-8: University</i>
Preferred source of information								
TV	205	37%	157	48	3	57	47	98
Newspaper	37	7%	32	5	2	2	8	25
News websites	153	27%	105	48	1	13	42	97
Government websites	46	8%	35	11	2	10	9	25
Social media	58	10%	45	13	2	19	17	20
International guidelines (e.g., WHO)	21	4%	17	4	1	2	3	15
Other	20	4%	13	7	1	1	3	15
I do not want to answer	6	1%	3	3	1	4	0	1
<i>missing</i>	13	2%	9	4	0	5	3	5
Total	559	100%	416	143	13	113	132	301

~89%

Participants showed on average higher compliance than agreement with measures



Agreement and compliance assessed on a 10-point Likert scale

	Agreement	Compliance
Public health measure	Mean (standard deviation)	Mean (standard deviation)
 Only necessary commuting	7.68 (2.70)	9.03 (2.28)
 Leisurely walks only with household members	6.54 (3.03)	8.60 (2.45)
 Only necessary shopping	7.34 (2.91)	9.06 (2.11)
 No physical contact to non-household members	6.02 (3.16)	8.13 (2.71)
 Mandatory masks in shops and on public transport	6.54 (3.40)	9.50 (1.64)

Lowest Highest

A brief summary of our findings I/II

*What is the association between socioeconomic/-demographic status and **Covid-19 information sources** in Austria?*



Higher age ⇒ lower probability of using **News websites** and **Social media**



Being **retired** ⇒ higher probability of using **Newspaper**



Migration background ⇒ higher probability of using **News websites** and **Social media**



Controlling for **lacking trust in the government** confirms those findings and increases the probability of using **News websites** and **Social media**

All results compared to using TV as main Covid-19 information source

A brief summary of our findings II/II

*What is the impact of socioeconomic/-demographic status and Covid-19 information sources on **agreement and compliance** with imposed public health measures in Austria?*



Female ⇒ higher compliance with 3/5 assessed public health measures



Lower degree of **education** ⇒ lower compliance with 3/5 assessed public health measures



Social media ⇒ lower agreement with all assessed public health measures



Controlling for **lacking trust in the government** confirms those findings and is associated with both **lower agreement and compliance** with all assessed public health measures

Limitations



Generalization of our findings is limited due to **non-representative sample**

- Gender bias (>74% of study participants female)
- Education bias (>53% university degree)



Level of detail of assessed **information sources** only allows for limited conclusions regarding their quality



Compliance with measures **self-assessed** and therefore subject to personal over-/understatement

Conclusion

- I We find that in times of acute crisis, sociodemographic and socioeconomic factors affect information source selection
- II Information sources in turn have an impact on agreement and thereby compliance with public health measures in addition to those factors
- III Potential explanations include prevalence of unmoderated content, misinformation, and narratives of respective sources shaping opinions
- IV Going forward, decision-makers should be wary of those associations and target vulnerable groups with accordingly planned information campaigns

Literature

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Thank you for your attention!

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